CROSS CONNECTION HAZARD ASSESSMENT REPORT

FACILITY NAME:		[DATE:		
FACILITY ADDRESS:					
MAILING ADDRESS:					
CONTACT PERSON:		TELEPHONE:			
FACILITY TYPE:		Containment () Isolation	() Hazard Priority	Hazard Priority: High() Medium() Low(
LOCATION OF CROSS CONNECTION			DEGREE OF HAZARD	Health Non Health	
TYPE OF CROSS CONNECTION					
RECOMMENDED CORRECTIVE ACTIO	NS AND COMMENTS				
TIME TO COMPLETE	DATE COMPLETED	BACKFLOW	PREVENTION TYPE AG	RP DC PVB SVB AVB HBVE	
THAIL TO COMPLETE	DATE CONTINUED	BACKILOW	TREVERIOR THE AC	NI BETTO STO AND HOLE	
LOCATION OF CROSS CONNECTION			DEGREE OF HAZARD	Health Non Health	
TYPE OF CROSS CONNECTION	<u> </u>				
RECOMMENDED CORRECTIVE ACTIO	NS AND COMMENTS				
TIME TO COMPLETE	DATE COMPLETED	BACKFLOW	PREVENTION TYPE AG	RP DC PVB SVB AVB HBVE	
LOCATION OF CROSS CONNECTION	1		DEGREE OF HAZARD	Health Non Health	
TYPE OF CROSS CONNECTION			DEGREE OF HAZARD	Health Northealth	
RECOMMENDED CORRECTIVE ACTIO	NS AND COMMENTS				
TIME TO COMPLETE	DATE COMPLETED	BACKFLOW	PREVENTION TYPE AG	RP DC PVB SVB AVB HBVE	
WATER SYSTEM		FAC	ILITY REPRESENTATIVE		
Inspector:		Signature:			
Phone Number:		Print Name: _			